

THOMAS MITCHELL PRIMARY SCHOOL



YEAR 6 CAMP – THE SUMMIT

WEDNESDAY 24TH OCTOBER TO FRIDAY 26TH OCTOBER 2018

MEDICAL REPORT AND CONSENT FOR SCHOOL CAMP

(Please complete and return by Wednesday 22nd August 2018)

This report is intended to assist the school in case of any medical emergency with your child. All information is held in confidence.

STUDENT'S NAME:

DATE OF BIRTH:

SCHOOL YEAR: 2018

PARENT'S/ GUARDIAN'S FULL NAME:

ADDRESS:

.....

POSTCODE:

EMERGENCY TELEPHONE:

After Hours Business Hours

Mobile

NAME AND ADDRESS OF FAMILY DOCTOR:

.....

.....

MEDICARE NO:

MEDICAL/HOSPITAL INSURANCE FUND:

CONTRIBUTION NO:

STUDENT NAME:

CLASS:

TETANUS IMMUNISATION

Last tetanus immunisation was

If over ten years since last immunisation, please tick if booster is to be arranged by parents before the camp.

Booster date:

DIETARY REQUIREMENTS

Does your child have a special dietary requirement? YES/NO

If yes, please specify.....

PREVIOUS EXPERIENCE

Is this the first time your child has been away from home? YES/NO

MEDICAL CONDITIONS (please tick if your child suffers from any of the following)

<input type="checkbox"/> Bed Wetting (please provide details if this is a regular occurrence)			
<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Seizures	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Asthma
<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Migraines	<input type="checkbox"/> Travel sickness

<input type="checkbox"/> Other Medical Conditions (please describe the condition and treatment) <i>This information will be used to update your child's enrolment information</i>

(You are welcome to attach a more detailed account of your child's medical condition to the back of this form)

ALLERGY/ANAPHYLAXIS (please tick if your child suffers from any of the following)

<input type="checkbox"/> Penicillin	
<input type="checkbox"/> Medications (please specify)	
<input type="checkbox"/> Foods (please specify)	
<input type="checkbox"/> Other allergens (please specify)	
<input type="checkbox"/> What symptoms does your child display?	
<input type="checkbox"/> What special medical care is recommended?	

STUDENT NAME:

CLASS:

ASTHMA

Ongoing student Asthma Action Plans are currently held with the school nurse and will be forwarded on to Miss Ioannidis. If you have not previously filled out an Asthma Action Plan for your child, a copy of this form can be either collected from the school office or downloaded from the school website www.tmps.vic.edu.au.

You will also need to provide the appropriate equipment (ie named Ventolin, spacer) required to medicate your child to relieve Asthma symptoms.

(Please ensure expiration dates of medication are checked and current)

TABLETS / MEDICINES

Is your child currently taking medication? YES/ NO

If you have responded yes, please complete the Thomas Mitchell Medication Authorisation Form attached and return it with all medicines / tablets to Miss Ioannidis on the morning of the departure for camp.

MEDICATION AUTHORISATION FORMS

To prevent confusion, we request that **ONE** form per type of medicine/tablet must be completed for use at camp. Please contact the school if you require more forms.

CONSENT TO PARTICIPATE

I give permission for my child to attend the Year 6 Summit Camp from Wednesday 24th October to Friday 26th October 2018 and participate in all onsite activities. I understand that the students will be travelling by bus to and from the camp.

Wednesday 24th October: Travel to The Summit Camp

Wednesday 24th October: Activities at The Summit Camp

Thursday 25th October: Activities at The Summit Camp

Friday 26th October: Activities at The Summit Camp and then return to Thomas Mitchell PS

Signed: **Date:**

CONSENT FOR PANADOL

During camp, your child may require pain relief for unplanned medical conditions such as earache or headache for example. By signing this consent, you will give teaching staff permission to provide the appropriate dose of Panadol where necessary.

I give consent for my child
to have the appropriate dose of Panadol if the teacher in charge believes it is necessary.

Signed: **Date:**

(All documentation of medication administered during camp is available at your request)

STUDENT NAME:	CLASS:
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CONSENT TO MEDICAL ATTENTION

I authorise the teacher in charge of the Year 6 Camp – The Summit to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed: **Date:**

CONSENT TO TRAVEL BY CAR

In the event of a minor emergency, Miss Tessa Veljanovski may be able to transport your child to seek medical attention.

Should this occur, your child will be travelling with Miss Tessa Veljanovski in her 2006 Mazda 3, Registration Number MEISTA.

I give consent for my child in the event of an emergency deemed by the teacher in charge, to travel in the above mentioned car.

Signed: **Date:**

CONSENT FOR EMERGENCY TRANSPORTATION - AMBULANCE

In the event of an emergency I consent to my child being transported via Ambulance to hospital. I understand at times of accident or illness, the first aid trained staff member/s and/or teacher in charge will confer and make a decision as to whether or not they should request the attendance of an ambulance. In doing so, the health and safety of the patient will be the only determining factor. Ambulance membership, or potential costs to families will not be the point of consideration. Parents (or next of kin for an adult) will always be contacted as soon as possible when the ambulance is called.

STUDENT ACCIDENT INSURANCE

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

I acknowledge that I have read and agree to the above regarding emergency transportation and student accident insurance.

Signed: **Date:**

NAME OF PARENT/GUARDIAN COMPLETING CONSENT FORM:
